

HOSPITAL DATA SHEET

Date _____

If no nursery for normal well newborns exists, write "none" in space provided.

Hospital Name _____

Address _____

City, District,
or Region _____

Country _____

Key Personnel:

| | Name | Telephone Number |
|---|-------|------------------|
| Chief Hospital Administrator | _____ | _____ |
| Senior Nursing Officers (or other personnel in charge) for the Facility | _____ | _____ |
| Senior Nursing Officers for the Maternity Ward | _____ | _____ |
| Senior Nursing Officers for the Antenatal Service | _____ | _____ |

Name of person to be contacted for additional information:

Type of Hospital:

☐ Government

☐ Mission

☐ Private—Not for Profit

☐ Teaching

☐ Private—For profit

☐ Other (Explain)

Explanation of Other: _____

Hospital Census Data:

Total bed capacity: _____
_____ Labor and Delivery Area
_____ Maternity Ward
_____ Normal Nursery
_____ Other areas for Mothers & Children

| | | | |
|--------------------------------|-------|----------------------------------|--------|
| Total Deliveries in year 200__ | _____ | | Rate % |
| | _____ | Cesarean | _____ |
| | _____ | Low birth-weight babies (<2500g) | _____ |
| | _____ | Special Care | _____ |

Infant Feeding Data for Deliveries from records or staff reports:

| | | | |
|---|-------|---|--------|
| Mothers/infants pairs discharged in the past month: | _____ | | Rate % |
| | _____ | pairs breastfeeding at discharge in the past month | _____ |
| | _____ | pairs breastfeeding exclusively from birth to discharge in the past month | _____ |
| | _____ | infants discharged in the past month who have received at least one bottle-feed since birth | _____ |

How was the infant feeding data obtained?

☐ From Records ☐ Percentages are an estimate

Source of estimate _____

Name of person(s) filling out this form: _____

STEP 1. Have a written breastfeeding policy that is routinely communicated to all health care staff.

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|-----|--|------------------------------|-----------------------------|
| 1.1 | Does the health facility have an explicit written policy for protecting, promoting, and supporting breastfeeding that addresses all 10 steps to successful breastfeeding in maternity services | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 1.2 | Does the policy protect breastfeeding by prohibiting all promotion of and group instruction for using breastmilk substitutes, feeding bottles and pacifiers? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 1.3 | Is the breastfeeding policy available so all staff who take care of mothers and babies can refer to it? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 1.4 | Is the breastfeeding policy posted or displayed in all areas of the health facility which serve mothers, infants, and/or children? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 1.5 | Is there a mechanism for evaluating the effectiveness of the policy? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

STEP 2. Train all health care staff in skills necessary to implement this policy.

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| 2.1 | Are all staff aware of the advantages of breastfeeding and acquainted with the facility's policy and services to protect, promote, and support breastfeeding? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.2 | Are all staff caring for women and infants oriented to the breastfeeding policy of the hospital on their arrival? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.3 | Is training on breastfeeding and lactation management given to all staff caring for women and infants within six months of their arrival? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.4 | Does the training cover at least eight of the Ten Steps to Successful Breastfeeding? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.5 | Is the training on breastfeeding and lactation management at least 18 hours in total, including a minimum of 3 hours of supervised clinical experience? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.6 | Has the healthcare facility arranged for specialized training in lactation management of specific staff members? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

STEP 3. Inform all pregnant women about the benefits and management of breastfeeding.

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| 3.1 | Does the hospital include an antenatal care clinic? Or an antenatal inpatient ward? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.2 | If yes, are most pregnant women attending these antenatal services informed about the benefits and management of breastfeeding? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.3 | Do antenatal records indicate whether breastfeeding has been discussed with the pregnant woman? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.4 | Is a mother's antenatal record available at the time of delivery? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.5 | Are pregnant women protected from oral or written promotion or group instruction for artificial feeding? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.6 | Does the healthcare facility take into account a woman's intention to breastfeed when deciding on the use of a sedative, an analgesic, or an anesthetic, (if any) during labor and delivery? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.7 | Are staff familiar with the effects of such medications on breastfeeding? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.8 | Does a woman who has never breastfed or who has previously encountered problems with breastfeeding receive special attention and support from the staff of the healthcare facility? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

STEP 4. Help mothers initiate breastfeeding within a half-hour of birth.

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| 4.1 | Are mothers whose deliveries are normal given their babies to hold, with skin contact, within a half-hour of completion of the second stage of labor and allowed to remain with them for at least the first hour? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4.2 | Are the mothers offered help by a staff member to initiate breastfeeding during this first hour? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4.3 | Are mothers who have had cesarean deliveries given their babies to hold, with skin contact, within a half hour after they are able to respond to their babies? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4.4 | Do the babies born by cesarean stay with their mothers, with skin contact, at this time for at least 30 minutes? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

STEP 5. Show mothers how to breastfeed and how to maintain lactation, even if they should be separated from their infants.

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| 5.1 | Does nursing staff offer all mothers further assistance with breastfeeding within six hours of delivery? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5.2 | Are most breastfeeding mothers able to demonstrate how to correctly position and attach their babies for breastfeeding? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5.3 | Are breastfeeding mothers shown how to express their milk or given information on expression and/or advised of where they can get help, should they need it? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5.4 | Are staff members or counselors who have specialized training in breastfeeding and lactation management available full-time to advise mothers during their stay in healthcare facilities and in preparation for discharge? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5.5 | Does a woman who has never breastfed or who has previously encountered problems with breastfeeding receive special attention and support from the staff of the healthcare facility? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5.6 | Are mothers of babies in special care helped to establish and maintain lactation by frequent expression of milk? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

STEP 6. Give newborn infants no food or drink other than breastmilk, unless medically indicated.

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| 6.1 | Do staff have a clear understanding of what the few acceptable reasons are for prescribing food or drink other than breastmilk for breastfeeding babies? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6.2a | Do breastfeeding babies receive no other food or drink (Breastmilk only) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6.2b | Do breastfeeding babies receive some other food or drink than Breastmilk unless medically indicated? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6.3 | Are any breastmilk substitutes including special formulas which are used in the facility purchased in the same way as any other foods or medicines? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6.4 | Do health facility and health care workers refuse free or low-cost (below 80% open-market retail cost. Breastmilk substitutes intended for experimental use of "professional evaluation" should also be purchased at 80% or more of retail prices.) supplies of breastmilk substitutes, paying close to retail market price for any? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6.5 | Is all promotion of infant foods or drinks other than breastmilk absent from the facility? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

STEP 7. Practice rooming-in—allow mothers and infants to remain together--24 hours a day.

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| 7.1 | Do mothers and infants remain together (rooming-in or bedding-in) 24 hours a day, except for periods of up to an hour for hospital procedures or if separation is medically indicated? | Yes | No |
| 7.2 | Does rooming-in start within an hour of a normal birth? | Yes | No |
| 7.3 | Does rooming-in start within an hour when a cesarean mother can respond to her baby? | Yes | No |

STEP 8. Encourage breastfeeding on demand.

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| 8.1 | By placing no restrictions on the frequency or length of breastfeeds, do staff show they are aware of the importance of breastfeeding on demand? | Yes | No |
| 8.2 | Are mothers advised to breastfeed their babies whenever their babies are hungry and as often as their babies want to breastfeed? | Yes | No |

STEP 9. Give no pacifiers (also called dummies or soothers) to breastfeeding infants.

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| 9.1 | Are babies who have started to breastfeed cared for without any bottlefeeds? | Yes | No |
| 9.2 | Are babies who have started to breastfeed cared for without using pacifiers? | Yes | No |
| 9.3 | Do breastfeeding mothers learn that they should not give any bottles or pacifiers to their babies? | Yes | No |
| 9.4 | By accepting no free or low-cost feeding bottles, teats, or pacifiers, do the facility and the health workers demonstrate that these should be avoided? | Yes | No |

STEP 10. Foster the establishment of breastfeeding support and refer mothers to them on discharge from the hospital or clinic.

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| 10.1 | Does the hospital give education to key family members so that they can support the breastfeeding mother at home? | Yes | No |
| 10.2 | Are breastfeeding mothers referred to breastfeeding support groups, if any are available? | Yes | No |
| 10.3 | Does the hospital have a system of follow-up support for breastfeeding mothers after they are discharged, such as early postnatal or lactation clinic check-ups, home visits, telephone calls? | Yes | No |
| 10.4 | Does the facility encourage and facilitate the formation of mother-to-mother or healthcare worker-to-mother support groups? | Yes | No |
| 10.5 | Does the facility allow breastfeeding counseling by trained mother-support group counselors in its maternity services? | Yes | No |